

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90021 029 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000100920** ✓

1. Corporation Name  
**MIAMI WASTE EXPO, INC.**

Principal Place of Business  
 3400 CORAL WAY  
 THIRD FLOOR  
 MIAMI FL 33145

Mailing Address  
 3400 CORAL WAY  
 THIRD FLOOR  
 MIAMI FL 33145

2. Principal Place of Business  
 21 **2921 CORAL WAY**

2a. Mailing Address  
 26 **2921 CORAL WAY**

Suite, Apt. #, etc.  
 22

Suite, Apt. #, etc.  
 27

City & State  
 23 **MIAMI, FL**

City & State  
 28 **MIAMI, FL**

Zip  
 24 **33145**

Country  
 25 **U.S.A.**

Zip  
 29 **33145**

Country  
 30 **U.S.A.**

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

3. Date Incorporated or Qualified  
**12/03/1998**

4. FEL Number  
**65-0462396**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE  
**D**  
 1.2 NAME **FINOCCHIARO, JUSTIN M**  
 1.3 STREET ADDRESS **2921 CORAL WAY**  
 1.4 CITY-STATE-ZIP **MIAMI FL 33145**

2.1 TITLE ☐ DELETE  
**SECRETARY**  
 2.2 NAME **MARCIA FINOCCHIARO**  
 2.3 STREET ADDRESS **2921 CORAL WAY**  
 2.4 CITY-STATE-ZIP **MIAMI, FL 33145**

3.1 TITLE ☐ DELETE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-STATE-ZIP

4.1 TITLE ☐ DELETE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-STATE-ZIP

5.1 TITLE ☐ DELETE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-STATE-ZIP

6.1 TITLE ☐ DELETE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 7/2/99 305-441-2865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)